STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) Complete								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE				
S 0000	This report is the result of an unannounced special monitoring survey completed on June 23, 2023, at the Surgery Center at Benbrook. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999. 51.4 (a) Change in Ownership/Management 51.4. Change in ownership; change in management. (a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more stock or equity of the health care facility. This REGULATION is not met as evidenced by:	S 0000	An approved Plan of Correction is not on file.	Completion Date: 06/28/2023 Status: NEW Date: 09/07/2023				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) STATE LICENSE NUMBER: 20311501 STATE LICENSE NUMBER: 20311501 (X1) PROVIDER SUPPLIER: (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: (X3) DATE SURVEY COMPLETED: (X3) DATE SURVEY COMPLETED: (X4) DOC (X3) DATE SURVEY COMPLETED: (X3) DATE SURVEY COMPLETED: (X4) DATE SURVEY COMPLETED: (X5) DATE SURVEY COMPLETED: (X5) DATE SURVEY COMPLETED: (X6) DA							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE			
S 0015	Based on review of facility documents and staff interview (EMP), it was determined the facility failed to provide notification per instruction to the Department of Health (Department) for a change of ownership at least 30 days prior to its occurrence. Findings include: Review on June 23, 2023, of the license renewal application submitted by Surgery Center at Benbrook, a change of ownership (CHOW) occurred on January 1, 2023. Review on June 23, 2023, of email correspondence by the Department stated, " A change in ownership must be reported to the Department of Health (Department) at least 30 days prior to the change of ownership event Please complete the 10 legal questions and return as soon as possible (attachment)" When asked, at approximately 1:34 PM on June 23, 2023, if the facility had a policy for reporting changes in ownership or a notification policy to the	S 0015					

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A BLDG: _00 B. WING:						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE		
S 0015	Department, EMP1 stated, "We follow the DOH [Department of Health] Guidelines" When asked, if [he/she] could confirm that the change of ownership occurred on January 1, 2023, EMP1 stated, "Unfortunately, in this situation, I was not made aware in advance that the name change was happening. The change to OTH1 was January 1, 2023. The date on the change to OTH2 according to the information sent to me was June 6, 2023. It was not sent as I was not notified from OTH3 of the upcoming change"	S 0015				

State Form KP2Q11 IF CONTINUATION SHEET Page 3 of 3